

# Michigan Medicaid Long Term Care Task Force

Established by Governor Jennifer Granholm in Executive Order No.1-2004

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## MINUTES

**Monday, August 9, 2004**

**State Library, Lake Ontario Room (3<sup>rd</sup> floor)**

**Lansing, Michigan**

Members Present: S. Steinke, R. Carter, R Chaney, M. Moers, T. Wong, G. Betters, M.Cody, J. Sutton, Representative Shaffer, J. Olszewski, J. Mendez, M. Hardy, D. Hoyle, R. Alcodray-Khalifa, T. Czerwinski, Y. McKinney, Senator Cherry, S. Gire

Members Absent: Senator Hammerstrom

Other: Kirsten Fisk representing Representative Matthew Gillard, Patrice Eller for M. Udow, and Amy Slonim, Michigan Public Health Institute, facilitator.

**Call to Order:** The third meeting of the Medicaid Long Term Care Task Force was called to order at approximately 10:00a.m.by Chairperson Chaney.

**Review and Approval of Agenda:** The agenda as presented was approved by voice vote.

**Review and Approval of July 19 Minutes:** Minutes for the July 19, 2004, meeting, as presented, were approved by a voice vote.

### **MDCH Medicaid Presentation –LTC:**

Paul Reinhart from the Michigan Department of Community Health, Director of Medical Services Administration, provided an overview of the Medicaid budget and expenditures. He provided a description of the challenges of administering Medicaid programs and services given the state's current economic climate, and with a corresponding increase in the demand for public services. Without a change in either of these two conditions, the challenges for the State of Michigan in making health care services available will continue. Mr. Reinhart offered to provide more detailed information to the Task Force on financing issues noting that this presentation was only intended to provide a brief overview of Medicaid long-term care services and supports. Senator Cherry requested information on the Medicaid growth in other states, and how Michigan's situation compared to other manufacturing states. Sharon Gire requested a set of slides from Mr. Reinhart's presentation.

1. **Program/Service Description:** Mary Gear, Manager for LTC Services in the Medical Services Administration. Ms. Gear gave an overview of the Medicaid Long Term Care programs. She also discussed Medicaid (and Medicare) funding sources for LTC programs: nursing facilities, MI Choice Waiver, PACE program, Home Help, hospice, Home Health, private duty nursing, and licensed and unlicensed assisted

living. Ms. Gear noted that the Office of Services to the Aging also offers long-term care services and supports that are funded from other sources. She did not speak about these additional services and suggested that the task force could request additional information from OSA. Task Force members requested additional information regarding nursing facilities within the state, organized by certification, geographic distribution, and funding source. Members also requested information regarding the number of agencies that would be interested in becoming PACE providers and where they are geographically located. A third request for information was made regarding people receiving services from more than one funding stream.

2. LTC Client Characteristics: Steve Bachleda, LTC Financial Analyst in the Medicaid Actuarial Division presented data for the LTC programs that were described in the presentation given by Mary Gear. There were 7 sub-groupings of slides that were presented. These include program costs, typical client in each LTC setting, comparison of community and institutional census proportions, and client analysis of client characteristics in each of the LTC setting (for example average age, educational levels, race, which aid program dominates that particular setting). Other slides presented were regarding the Home Help program, and the settings that people are in before they are admitted into either a nursing facility or into the MI Choice Waiver program. Additionally, information about the overall census in various settings, length of stay, statistics for each setting, and turnover statistics was presented.

Information was requested for total costs, including non-LTC costs, for nursing facility residents and clients in other LTC settings. Additional information requested includes: 1) The percentages of Medicaid eligible in each LTC setting who were also covered by Medicare; and 2) The amount of recoupments from Medicare which Medicaid pursues and obtains.

### **New Business:**

1. Vision Statement: R. Chaney introduced Amy Slonim to facilitate the discussion related to the proposed vision statement. T. Wong suggested that the word “where ever” be changed to one word, reading “wherever”. Following a brief discussion of suggested revisions, the Task Force agreed to add the word “coordinated” into the vision statement (paragraph one, second sentence, in front of the word “services”) and to make the single correction noted above. A motion by Senator Cherry, and seconded by Dohn Hoyle to adopt the statement as proposed was approved by voice vote. (See appendix for the updated version of the statement.)
2. Workgroup Reports:

Workgroup A, chaired by S. Steinke, stated that they will have a presentation to the Task Force in September. The workgroup has a number of documents that they are reviewing including one that J. Mendez brought from Wisconsin. They are also

reviewing background documents from the National Academy of State Health Policy. The workgroup members are using AARP stakeholder principles as a basis for their work, and will work from these principles to change, accept, or reject the concepts presented. They will nominate 3 to 4 people from the workgroup to “wordsmith” the documents so that they accurately reflect the intent of the workgroup in its recommendations to the full Task Force. The next meeting of Workgroup A is scheduled for Wednesday, August 11, 2004 from 9:30 to 12:30 at the AARP offices.

Workgroup C, chaired by S. Gire, is scheduled to meet immediately following the Task Force meeting on Monday, August 9, 2004. Ms. Gire noted that most workgroup meetings will be held at the offices of the Office of Services to the Aging located at 7109 Saginaw Street in Lansing.

Workgroup F, chaired by R. Chaney, is scheduled to meet on August 18, 2004. They will be meeting on every other Wednesday. The August 18, meeting will be held at the offices of the Michigan Association of Centers of Independent Living.

The meeting adjourned for lunch at 12:00 p.m.

The chairperson re-convened the Task Force at 1:00 p.m.

#### **Presentation – Persons Using Medicaid-Funded Nursing Home and Home and Community Based Waiver Services:**

Chairperson, Chaney, introduced the presenters:

Brant Fries, Ph.D., Director, Institute of Gerontology at the University of Michigan. Dr. Fries is a renowned long- term care researcher and author of RUGS-III, acuity-based payment system in Medicare skilled nursing care.

Mary James, M.A., who describes herself as a “recovering state policy maker” also presented. She has over 25 years experience in the Aging and Long Term Care areas, and has worked for the past 2 ½- years at the University of Michigan doing research with Dr. Fries.

They provided a comprehensive description of their project report on the persons using Medicaid funded Nursing Home and Home and Community Based Waiver services. A hand-out of their presentation was shared with members and guests. Additionally, this information will be added to the Medicaid Long-Term Care Task Force website.

Senator Cherry requested data on measuring the quality of care for persons in nursing homes and in home care. M. Moers additionally requested information on how assistive technology impacts people staying in the community, or how it can be used to help people stay in the community. J. Mendez requested information on the relationship between functional abilities and the number of a person’s caregivers.

R. Chaney requested of Dr. Fries a status report on the research project that is looking at the people who indicated on their MDS form they would prefer community-based options. Dr. Fries reported that they have started on the project but he is not ready to present final information at this time. He would like to do additional research to get a better analysis.

M. Moers would like a follow-up on least impaired people and to see what happens to them after they are out of the facilities.

### **Task Force Member Discussion and Comments:**

T. Wong introduced a resolution for Dusty Hogue. The resolution presented reads as follows:

“Honoring the memory of Dusty Hogue who died August 5, 2004 in his beloved home in Otisville, Michigan.

Dusty worked as a carpenter and construction contractor before he acquired quadriplegia as a result of an automobile accident 26 years ago. At that time there was no other choice for Dusty and Dusty’s family but to admit him to a nursing home. In fact he lived in three different nursing homes in both Missouri and Michigan before the settlement from his accident allowed him to purchase his own home in rural Genesee County. He then used his professional expertise to make his home completely accessible and to pioneer a program, through The Disability Network, to build ramps in homes throughout greater Flint.

Dusty received services through the exception process in Michigan’s Home Help program because it allowed him the most flexibility in managing his own services and thus his own life. He trained his personal care attendants to help with his health related needs, including suctioning, which kept him healthy and alive and participating in the life of his community. During a series of hospitalizations over the last few years, Dusty’s personal assistants would continue to assist him in the hospital. He felt they knew his body, his needs, and his choices more than the hospital personnel.

Dusty was a respected leader in the disability rights movement. His legacy will be best honored when all Michigan citizens who need long- term care services have real choice of a full range of supports wherever they live.

Dusty is survived by his partner, Linda Shroyer, his daughter, mother, and two sisters.”

The resolution was adopted by unanimous approval by the Task Force.

Task members stated that the presentations were interesting and informative, and offered the following observations: The home and community-based care waiver client can be compared to a nursing home client, so that services and supports can be compared in terms of cost difference. The data presented demonstrates that there are big differences although there are overlapping kinds of clients who are served in both nursing homes and community-based care waivers. What drives the data? Does policy and funding drive the data or does the data drive policy and

funding? Members have to be careful when comparing data between the MI Choice program and nursing home cost of care because of the way the funding has decreased through the years. Members were made aware that long-term care and support resources may vary by geographic location.

S. Steinke inquired about follow-up on any action items or requests that have been made. It was indicated that staff will take care of those items and task members can e-mailed such requests to John Hazewinkel. R. Chaney clarified that the Executive Committee will make certain that requests and action items to be taken on behalf of the Task Force are clearly noted, in order that they can be taken care of by staff.

### **Public Comment:**

Sara Duris, Alzheimer's Association and MI Dementia Coalition, spoke to the task force about a concern that the perspective of people with a dementia be considered in deliberations of the Task Force. She passed out copies of the summary of "DCH/Dementia Coalition Plan for Reducing Impact of Dementia". Ms. Duris noted that her organization is supportive of the visions and values of the task force, and its members will be taking an active roles in all of the workgroups. There are questions and concerns from the dementia perspective related to all facets of the task force's efforts.

Jackie Swailes, 39, lives in nursing home. Ms. Swailes addressed members of the Task Force to advocate for long-term care supports and services. She noted that she had a stroke because of high blood pressure, and subsequently she had to rely on long-term care services. She is currently unable to work because of her disability and hopes to be independent and go to school again. She further expressed worry about not being able to live on her own and take care of herself. She indicated that Medicaid was taking away her social security to pay for her nursing facility costs; otherwise, she could live off that money. Ms. Swailes expressed her strong wish to have options other than a nursing facility setting available to her, so that she could live her life as independently as possible.

Deborah Wood, Acting Division Director for Adult Foster Care & Home for the Aged Licensing, Office of Children & Adult Licensing, FIA. She feels that there is a dichotomy between Home and Community Waiver and the focus on nursing homes, and wants to make certain that the Task Force includes Homes for the Aged and Adult Foster Care Homes in its discussions and deliberations. Ms. Wood stated that she could present statistical data related to HA and AFC settings for the task force members to review if requested. She does not want to see Adult Foster Care and Home for the Aging get lost in the discussions of the task force, with the focus being on the home and community-based care.

Ronald Eggleston spoke as an interested citizen. He worked for Medicaid for 20 years. He noted that he did not like the presentation of revenue projection and expenditures as if that is the only problem. He believes that there are also the issues of an aging population and an increase in the number of people with disabilities. Many people need services and supports. The real problem is that those of us who work and have insurance should pay more taxes to support those who

need assistance. He indicated that in the MDCH Medicaid Presentation it was stated that other states are over-bedded, and is of the opinion that they are over-bedded because of the money issue. The Waiver program cannot afford to provide the full array of services provided to the nursing homes population. At one time, Michigan had the second largest program. Although it looked into and provided personal care benefit in AFCs, it was always a token amount. The state went astray, however, because it had an opportunity to continue to expand payments to AFCs and did not. The Waiver program showed that you can build an infrastructure for HCBS. Assisted living options with waiver are still needed. He suggested that the state could advocate for some changes in the federal policies to provide more flexibility. He doesn't think there is a need for hospice programs if you have a consumer driven program with a full array of services. Additionally, he noted that the federal government should take on more of the financial responsibility for care, specifically long term care, provided to clients who are Medicare eligible but who quickly become eligible for Medicaid. The federal government should also address situation, resources to pay for long-term care because Medicare has a very minimal long term care benefit.

**Next Meeting date and agenda topics:**

The next meeting of the Task Force will be held on September 13, 2004 in the Mackinac Room, House Office Building, 5<sup>th</sup> floor.

Members of the Executive Committee were asked to remain for a short time after adjournment to set a date for its next meeting.

Agenda topics for next months meeting are: Full report from Workgroup A.

A motion to adjourn the meeting was made by D. Hoyle, seconded by S. Steinke and passed. The meeting adjourned at 3:25 p.m.

## Appendix

### **Michigan Long-Term Care and Supports Vision Statement**

(updated 8/9/04)

Within the next ten years, Michigan will achieve a high quality, easily accessible system of publicly and privately funded long-term care supports. These supports will include a full array of coordinated services available wherever an individual chooses to live and will be mobilized to meet the needs of each person with a disability or chronic condition, of any age, who needs and wishes to access them.

The arrangement and type of care and supports for each person will be determined by that person. Person-centered planning, which places the person as the central focus of supports and care planning, will be used to determine all facets of care and supports plans. Each person, and his or her chosen family, friends, or professionals, will initiate or re-start the process whenever the person's needs or preferences change.